KidsCare
ARIZONA'S HEALTH INSURANCE
FOR CHILDREN 18 and UNDER

Services Provided by KidsCare:

- Doctor Visits
- Hospitalization
- Prescriptions
- Dental
- Vision
- Lab & X-ray
- Behavioral Health
- Immunizations
- Specialty Care & more

For more information call toll-free:

1-877-KIDS-NOW
(1-877-543-7669)
www.azkidscare.gov

Attn: School
Please mail completed form to:

KidsCare MD 7500
701 E. Jefferson
Phoenix, Arizona
85034

To see if your children qualify, please answer the questions below:

Yes	No	
☐	☐	**1. Have any of your children been without health coverage in the last 3 months?** Check *No* if all your children already have health coverage. (Private health insurance, AHCCCS, KidsCare or other)
☐	☐	**2. Are any of the children who need health insurance U. S. citizens or legal residents?** (KidsCare does not report immigration status. Receiving KidsCare does not affect immigration status of the children or the parents.)
☐	☐	**3. Is your total family income *before taxes* within the KidsCare income limits in the box below?** (Income = Wages, self-employment, child support, Social Security and any money received by parents and children.)

KidsCare Income Limits

Effective 4/1/08

Family Size	Count each child, their parent(s) and/or step-parent(s) living in the home, if pregnant count each unborn child.						Each added person
	1	2	3	4	5	6	
Monthly Income Total income of all household members	$1,734	$2,334	$2,934	$3,534	$4,134	$4,734	+ $600.00
Hourly Rate at 40 hours per week	$10.00	$13.47	$16.93	$20.39	$23.85	$25.77	

If you answered *YES* to questions 1 – 3, your children may be eligible for KidsCare. There is no interview required. **To request an application, complete the box below and return this form to the cafeteria manager or school nurse.** (They will forward it to KidsCare).

COMPLETE ONLY ONE FORM PER FAMILY AND RETURN TO SCHOOL STAFF: (Please print)

Parent's/Guardian's Name		
Address	City	Zip
Home Phone #	Work Phone #	
E-mail address		
School Name:		